

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>25393</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / 2005 Through <b>12</b> / <b>31</b> / 2005
3 Name and address of person filing Name <b>William C Roberts</b> P O Box Bldg Room No if any <b>P O Box 1911</b> Street City <b>Savannah</b> State <b>Georgia</b> ZIP Code + 4 <b>31402</b>	4 Name file number and address of labor organization Name <b>I L A Local #1414</b> Labor Organization File Number <b>009926</b> P O Box Building and Room Number if any <b>P O 1262</b> Street <b>221 East Lathrop Ave</b> City <b>Savannah</b> State <b>Georgia</b> ZIP Code + 4 <b>31402-1262</b>
5 Position in labor organization <b>Business Agent</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed	On <b>4/5/06</b> Date <b>912-313-0030</b> Telephone Number

Name of Person Filing <b>William Roberts</b>	File Number <b>U</b>
--	----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No If any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c. is checked give trust or employer's name</b>  Name _____  Trade Name if any _____  P O Box, Bldg Room No If any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11 b Approximate dollar value of such dealing</b> _____
	<b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12 b Amount</b> _____

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>I L A Local #1414</b>  Trade Name if any _____  P O Box Bldg Room No If any <b>P O Box 1262</b>  Street <b>221 East Lathrop Ave</b>  City <b>Savannah</b>  State <b>Georgia</b> ZIP Code + 4 <b>31402 1262</b>	<b>14 a Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>02/25/2005 Reimbursement check for fuel and maintenance of Union owned vehicle</b> </div>
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> _____ ?	<b>14 b Amount of payment.</b> _____ <b>\$293</b>

Name of Person Filing William Roberts

File Number U

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name I L A Local #1414

Trade Name if any

P O Box Bldg Room No if any P O Box 1262

Street 221 Lathrop Ave

City Savannah

State Georgia ZIP Code + 4 31402-1262

14 a Nature of payment.

04/29/2005 Reimbursement check for fuel and maintenance of Union-owned vehicle

13 b Is the Business an Employer ☒ or Consultant ?

14 b Amount of payment

\$329

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name I L A Local #1414

Trade Name if any

P O Box Bldg Room No if any P O Box 1262

Street 221 East Lathrop Ave

City Savannah

State Georgia ZIP Code + 4 31402-1262

14 a Nature of payment

05/06/2005 Reimbursement check for office chair purchased

13 b Is the Business an Employer ☒ or Consultant ?

14 b Amount of payment.

\$395

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name I L A Local #1414

Trade Name if any

P O Box Bldg Room No if any P O Box 1262

Street 221 East Lathrop Ave

City Savannah

State Georgia ZIP Code + 4 31402-1262

14 a Nature of payment

06/03/2005 Reimbursement check for executive office chair purchased

13 b Is the Business an Employer ☒ or Consultant ?

14 b Amount of payment.

\$360